

QUARTERLY VEHICLE REPORT

AGENCY NAME: _____ AGENCY CODE: _____

PREPARED BY: _____ TELEPHONE NO.: _____

FISCAL YEAR: _____ QUARTER: JAN-MAR(____) APR-JUN(____) JUL-SEP(____) OCT-DEC(____)

	TOTALS
A. No. Of Vehicles	
B. Maint. And Repair Cost	
C. Insurance Cost*	
D. Total Fuel Cost	
E. Total Cost (B + C + D)	
F. Gallons Of Fuel	
G. Total Mileage	

*ANNUAL INSURANCE COSTS SHOULD BE PRORATED INTO EACH OF THE FOUR (4) QUARTERS.

MILEAGE REIMBURSEMENT FOR PERSONAL AUTO USE

Miles Traveled	
Reimbursement Cost	